

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		8/18/99
O.I.P.E. CLASSIFIER		8	8-2399
FORMALITY REVIEW		71423	8-30-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	11/19/92	
2	✓	3/25/93	
3	✓	9/2/93	
4	✓	4/21/94	
5	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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